



Citation for published version:

Goodall, J 2017, A review of parenting support. University of Bath, Bath, UK.

Publication date:

2017

[Link to publication](#)

University of Bath

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A review of parenting support



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BATH

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Parenting Support: A review for the Royal Foundation

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Introduction

As most parents need support of some kind at some time and effective parenting support does help improve parenting, systematic parenting support should be rolled out across the UK.

A whole society attitude shift to parenting is needed: parenting should be celebrated as a matter where achieving high standards is in everyone’s interest, and it is socially acceptable for everyone to recognise they are able to learn, rather than being seen as a private matter which must not be invaded. (C4EO 2010, 50)

This short literature review¹, undertaken over five days at the end of June 2017, examines the concept of the provision of support for parents², with the aim of ensuring the best possible start in life for all children. The report will, for reasons to be explained below, concentrate on support for parents in their children’s early years, and on mechanisms for universal support (e.g. not programmes meant to support families deemed to be vulnerable³). The report takes for granted the gap in achievement between children from different backgrounds, fully explored in other literature, and the fact that one of the best solutions for narrowing the gap is to support the home learning

¹ See Appendix A for information about the literature and the searches undertaken.

² “Parent” should be understood to refer to any adult with a caring responsibility for the child; it can include parents, step parents, other relatives (particularly grandparents), or other carers. No assumption – or judgement – is made on the nature of the family group in which parents raise children. The literature, however, often still assumes either single parents (generally mothers) or female/male couples to be the groups covered by the term, “parents”.

³ “Vulnerable” could include (but is not limited to) families in poverty, or facing a range of challenges, including physical and mental challenges, challenges related to ethnicity or language, or status (e.g. refugee/migrant) as well as challenges relating to the child, such as disability or behavioural issues.

environment (Desforges and Abouchaar 2003, Sylva, Melhuish et al. 2004, Save the Children 2013, Goodall 2017).

This report is structured in seven main sections. The first sets out its aim and context in more detail. The second examines the concept of parenting. The third examines parenting support. The fourth looks at costs of programmes. The fifth looks at what is known to work in parenting support. The sixth makes suggestions about a universal, basic offer. The final section gives key messages for policy and research.

This paper attempts to present a holistic view of parenting support; many of the sections are interrelated and connected.

1. Aim and Current Context for parenting support

Parenting support in the UK is facing an uncertain present and future (Cullen, Cullen et al. 2016). The previous suggestion of universal support, based on a voucher system through the Life Chances Strategy (Clarke, Younas et al. 2017), has been closed down by the government. Sure Start centres, which have been an important part of the offer to many parents, are suffering from closures, with more than 350 closures (as opposed to only 8 new centres) since 2010 (Walker 2017). A later report claims that fully a third of centres have closed over the same time period, although it is possible that some level of service remains for families in renamed or revamped centres (Walker 2017). There is not room here to fully chart the provision of services to parents (See: Cullen, Cullen et al. 2016 for a comprehensive overview).

Information for parents is available from the NHS Choices website, which lists what is available to parents from state based and other sources (NHS Choices 2016). Parents can also access information through services such as GPs, health visitors and midwives, early years' settings, as well as personal referral and, increasingly, use of the internet.

2. "Good Parenting"

The literature around the concept of "good parenting" is very large and often uncritical, particularly with relation to concepts of culture and ethnocentricity; the debates around this area have been covered elsewhere (Goodall 2017). For the purposes of this review, we may assume that "good parenting" is parenting which prepares a child for effective functioning in our current society, for being "school ready" (Zubrick, Ward et al. 2005, Arnold, Bartlett et al. 2007, Barbarin, Early et al. 2008, UNICEF 2012, Goodall 2017) at the appropriate time, and for an eventual productive adulthood.

For developed economies, there is a general consensus (Moran, Ghatge et al. 2004) that "good parenting" is that which may be called "authoritative", that is, parenting that is warm, age appropriate, sets limits, and fosters parent-child interaction (Baumrind 1966, Baumrind 1971, Goodall 2012). This form of parenting is considered to be an important factor in supporting children's self-esteem, and a protective factor against disruption in later life (Barlow and Blair 2012). Such parenting will also foster a good "home learning environment" which is known to support social and cognitive development, as well as children's academic success (Desforges and Abouchaar 2003, Sylva, Melhuish et al. 2004). There is also a growing consensus that parenting is more than a private issue (Goodall 2017) and that communities have a stake in ensuring that children are parented appropriately (Riots Communities and Victims Panel 2012).

2.1. Parenting as a mitigating factor

Effective, appropriate parenting has been suggested to be able to mitigate up to 50% of the ill effects of other societal influences on children, particularly poverty (Barlow and Blair 2012). This finding should be understood as an explicative factor (e.g. why some children surmount various disadvantages) rather than a solution. As maintained throughout this paper, the most effective form of support for parents will be part of an integrated, cohesive suite of interventions across many fronts, particularly as parents who are likely to face issues in parenting are also likely to be dealing with a wide range of other challenges (poverty, isolation, etc.) (Sanders, Markie-Dadds et al. 2000).

2.2. The importance of attachment

Part of good parenting, or rather, one of the outcomes of good parenting, is deemed to be attachment, that is a secure relationship between at least one parent and the infant; these relationships have been shown to be important for children's development (Feil, Baggett et al. 2008) and neurological development (C4EO 2012). Attachment arises in the child through interaction with a care giver, in the earliest days of life (Hamer 2012). Attachment "plays a key role in the development of emotional regulation both during the early years and across the lifespan" (Barlow, Bergman et al. 2016, 4) and also has preventative, protective qualities for the child, supporting better emotional, social, physical, behavioural and academic outcomes. Yet it is suggested that only about 2/3 of children enjoy such a secure attachment (Barlow, Bergman et al. 2016). The Brazelton Neonatal Behavioural Assessment Scale (Als, Tronick et al. 1977, Eiden and Reifman 1996), although originally designed as its name suggests as a means of assessment, has been used as a means of increasing attachment and interactions between parents and infants (Hawthorne 2005). The programme works through showing and explaining infant responses to parents, which can increase parental responsiveness toward their children. The programme has been shown to have small to moderate effects in this area (Moran, Ghate et al. 2004).

Attachment is mentioned here specifically because of the impact it has on children's wellbeing, and also because of the importance of early intervention: supporting attachment is an obvious point to be included in any early intervention to support parents.

2.3. Parental Stress

Many parents experience stress as parents (Cullen, Cullen et al. 2016), particularly in the first years of their children's lives. For many parents, the stress of parenting is added to other stresses, such as those arising from poverty, disadvantage and educational underachievement; it can be difficult for parents experiencing these stresses to benefit from parenting support programmes (Moran, Ghate et al. 2004). It is worth noting that while women often experience stress in adjusting to the mothering role, men, too, have been found to experience stress, often when attempting to adjust to the dual role of working and parenting (Machin 2016). In examining any offer for parents, it will be important that such programmes do not increase parental stress (by making demands parents find difficult to meet, in terms of finance (including transport costs), time, or commitment).

2.4. Including both (all) parents, and the wider context

Much of the literature seems to equate "parent" with "mother" (Moran, Ghate et al. 2004, Shuffelton 2015). The importance of fathers should not be underestimated, however, (Lamb, Pleck et al. 1985, Hornby and Lafaele 2011, Kim and Hill 2015). The involvement of fathers in parenting support may be a priority, as research suggests that paternal warmth is underrated in many conceptualisations of the role of the father (Pleck 2010), yet warmth toward the child is a pivotal part of authoritative parenting and attachment. Moreover, there is evidence that parenting support programmes which involved fathers can be more effective (Moullin, Waldfogel et al. 2014, Wells,

Sarkadi et al. 2016)⁴. New fathers have also reported that at times their desires to be involved in the lives of their infants went against societal expectations (Machin 2016). The research indicates that fathers are less likely than mothers to attend parenting courses (Wells, Sarkadi et al. 2016).

This may be a particular issue in relation to online support (see below); at least in one case, 95% of those responding to a survey about an online parenting support forum were female, which reverses the generally understood trend that men access the internet more than women (Sarkadi and Bremberg 2005).

Further, as Bronfenbrenner pointed out some time ago, children are not raised in isolation (Bronfenbrenner 1979)⁵, although they are often treated as though they are isolated units, for example in schools (Goodall 2017). It has been pointed out that though we continue to use the term, “parenting”, this is in fact a description of a much wider reality which might be better termed, “family” (Britto and Engle 2015) or perhaps, being family. Children grow up in contexts which include not only their parents but also their wider group of family and friends, as well as the social milieu in which they live – the different levels of their “ecology” of life (Bronfenbrenner 1979) (See Appendix B for a visual description of this concept).

The ecological view of children’s development supports the desire for a joined-up set of priorities, including tackling poverty and poor housing. The effects of poverty on children’s lives and life chances are well known and include greater risks to health, shorter life spans (Marmot and Bell 2012) as well as educational impacts such as underachievement, lack of school readiness, and lower literacy and maths levels (Save the Children 2013, Goodall 2017).

3. Parenting Support

This review takes its definition of “Parenting Support” from Moran et al, “any intervention for parents aimed at reducing risks and promoting protective factors for their children, in relation to their social, physical and emotional wellbeing” (Moran, Ghate et al. 2004, 21).

Britto and Engle distinguish between two types of programmes, parenting education and support, which includes provision of information which may go further than the realm of parenting, and parenting support, which focuses on the work of parenting (Britto and Engle 2015). From the literature reviewed here, it would seem that although an emphasis on parental skills is important, parental education and support programmes offer the best chance of good outcomes for children. This also links to the concept of integrated services for families.

Programmes to support parents can be effective in helping parents respond to their infants and support interaction between parents and children (Barlow and Blair 2012, Young 2015); we have seen the importance of attachment, and parenting support programmes can help parents who are struggling with this issue. The research cited here (and a great deal of other research not included) has shown the value of investment in parenting support (Moran, Ghate et al. 2004) and the potential they have to save costs in the long run (see the section on Cost Benefit) (Stevens 2014). Much of the research around parental support focuses on behavioural family intervention (BFI), which seeks to support parents to interact with their children in an effective manner and reduce the onset of children’s behavioural problems (Sanders, Markie-Dadds et al. 2000), meaning that these programmes are both protective and proactive.

⁴ Interestingly, in the Wells and Sarkadi sample, while mothers were more likely to attend if they were more highly educated and native residents, these factors did not affect paternal participation.

⁵ A representation of this system can be found in Appendix B.

The need for such programmes can be seen both in public understandings of the importance of good, effective parenting (Riots Communities and Victims Panel 2012) and in research findings, such as that which report that up to 5% of children between the ages of 5 and 10 in the UK have serious behaviour issues, which are “strongly associated with later delinquency and criminality” (Stevens 2014, 1)

3.1. The value of Universal provision

This paper is written in support of universal provisions for parental support, meaning provision is available to all families in a given area (Webster-Stratton and Taylor 2001). This does not deny the need for targeted, specific interventions when these are needed: the choice between the two is not a dichotomy (Barlow and Blair 2012). There will always remain a need for targeted, specific support for families with complex needs. This does not mean that vulnerable families cannot benefit from programmes which are, or have the capacity to be, universal, as shown in the online support offered to those facing perinatal mental health issues (Moore, Drey et al. 2017). And in fact, in at least one trial of the Triple P programme, parents who reported child behavioural issues or used harsh discipline were more likely to attend a universally offered programme than were other parents, “Although the universal offer did not reach parents universally, generally those parents who needed it were more likely to attend” (Wells, Sarkadi et al. 2016, 275); this supports the argument for a universal, basic offer, as vulnerable parents may well attend such an offer (perhaps particularly where the programmes lack the stigma attached to targeted services). This was also a finding of the CANparent project (Cullen, Cullen et al. 2016)

In view of the connection between parenting and outcomes, and the large number of children who do not succeed in the current system (Save the Children 2013), there is an argument for extension of parenting support on a universal basis (C4EO 2010, O'Donnell, Deaton et al. 2014). In the words of Moran et al, there is a need to “normalise” access to parenting support (Moran, Ghate et al. 2004), that is, to make such support available to all parents, rather than to only those who are deemed to be at some sort of risk. Doing this, over time, should remove the stigma surrounding such programmes (and, by extension, increase take up). There is evidence that some countries are having success in this area through universal provision (Clarke, Younas et al. 2017). However, as noted in the CANParent trial, there is not yet an acceptance of universal parenting support in the UK; the authors claim that there will need to be “cultural change” before this will happen (C4EO 2010, Cullen, Cullen et al. 2016, 11).

Support for this stance can be seen in the very high numbers of parents who have stated that they experience stress during the period they care for children and who would like to have more information and/or support for the work of parenting. Universal programmes are useful for the most common and less severe range of issues, such as those experienced by a great many parents (Moran, Ghate et al. 2004). Currently, many parents do not have access, or perhaps more correctly, do not know that they have access or how to access, means of support (see below, Online Support Programmes). Many programmes still carry a significant stigma, as being for parents who are failing or who are facing serious problems with their children (Cullen, Cullen et al. 2016). Universal programmes, such as elements of the Triple P programme or the recent trials of a “universal offer” (which was, in fact, limited to certain regions) of the CANParent programme (Cullen, Cullen et al. 2016) ⁽⁶⁾ may remove some of this stigma for many parents – a parallel may be seen in relation to

⁶ Although this may be referred to more properly as “parent education” as it seemed to lack the social support element which is important in parental support programmes Cullen, S. M., M. A. Cullen and G. Lindsay (2016). “The CANparent trial—the delivery of universal parenting education in England.” British Educational Research Journal.

the universal (or nearly so)(Dabrowski 2011) offer of antenatal classes, which do not carry such stigma. Efforts to remove this stigma from parenting programmes seem likely to be fruitful in increasing the number of parents who benefit from such programmes (Moran, Ghate et al. 2004, C4EO 2010).

“Universal” is of course a misnomer, as not all parents will take advantage of the offer of such support or programmes; Cullen et al point out the difference between a universal *offer* and universal *take up* (Cullen, Cullen et al. 2016). However, as Moran points out, this need not reflect badly on the programmes themselves (Moran, Ghate et al. 2004) nor should be cause not to provide them.

3.2. Early Intervention – Get an early start

Early interventions report better and more durable outcomes (Moran, Ghate et al. 2004, 7)

There is strong evidence that effective early intervention will be cost saving. Parenting programmes are relatively low cost and should be cost-saving in the long term if short-term improvements last (Stevens 2014, 11)

The report after the riots of 2012 makes the point that early intervention is an important factor in preventing community violence (Riots Communities and Victims Panel 2012). Interventions in the first six months of a baby’s life can have a lasting effect (Feil, Baggett et al. 2008, C4EO 2012, Moullin, Waldfogel et al. 2014). It is suggested that interventions in the early years of children’s lives (birth to 3) can have a preventative effect, moving children away from propensity to crime and particularly violent crime (Allen 2011). This is also a time of great adjustment (particularly for parents of their first child); interventions in the first six months have been found to have supportive effects (Bryanton and Beck 2010).

The literature suggests that parenting practices are important in “helping children to become well adjusted” and are especially important in the “first few months and years” (Barlow and Blair 2012, 1). As noted in the section on Costs and Benefits, parenting support and interventions before children start school take place in a critical time for the prevention of behavioural issues in later life (Moran, Ghate et al. 2004) and the benefits of early intervention are greater than the cost of the programmes involved (Barlow and Blair 2012)

This may also be the most cost-effective time for interventions (Stevens 2014). Early intervention seeks to support parents (and infants) before behavioural patterns, which could be damaging, have been established (Moran, Ghate et al. 2004). Programmes to support parental skills work best early in a child’s life; an example of this can be seen in the Incredible Years Basic Programme, which has been used successfully to support parents of pre-school children in Ireland (McGilloway, Mhaille et al. 2012) among other places. These programmes can help establish good parenting practices from the earliest days, increase parental self-efficacy and self-esteem (Young 2015) reduce stress, and support secure attachment between parents and children.

It is, however, worth noting that early interventions should not be seen as a panacea, nor yet should they be envisioned to replace later, more targeted support. Rather, early intervention should be seen, as mentioned throughout this paper, as part of an interconnected range of services of support to families throughout the life span (C4EO 2010). However, the proven effectiveness of early intervention means that some of those services will be required less, as more there is more take up of early support.

3.3. The importance of social support

Social support can be categorised as informal (parent to parent, perhaps online or face to face), semi-formal (through third sector providers) or formal (through health visitors and midwives, for example) (Moran, Ghate et al. 2004). Social support can be considered a “key factor” in helping women make the transition into motherhood (Bollen 2015); (it follows that the same would be true for men and fatherhood). It may also help some people seek help for issues which they might not otherwise articulate, as was found in relation to perinatal mental health issues (Moore, Drey et al. 2017). Inclusion of social support is an important part of parenting support, along with information/awareness raising and education and skills development (Cullen, Cullen et al. 2016)

Social support can and does occur naturally, through networks of friends and families. However, naturally occurring groups can have gaps, which may need to be filled by more formal services (Attree 2005). For example, Homestart reports that 35% of the families they supported in 2014 were experiencing some form of isolation.

Social support would include what have been called befriending schemes, for example, Home Start, which works through home visits by trained volunteers, and is reported to have good effects, even three years post intervention (Hermanns, Asscher et al. 2013), or the Maternity Champions fostered through the NCT in London (National Childbirth Trust 2016).

Social support can also be provided through programmes which introduce practitioners – professional or volunteer – into the home, such as the Family Nurse Partnership in the US (Riots Communities and Victims Panel 2012), the Home Start programme in the UK (Hermanns, Asscher et al. 2013, Home Start 2014, Young 2015, Young 2015, Young and Kernkre 2016), and the REAL early reading support programme (Hannon, Morgan et al. 2006). It is unlikely, however, that such programmes will be cost effective on a universal level; they could, however, be useful for targeted approaches, particularly if signalled through home visits by midwives or health visitors.

3.4. Online/Digital/Electronic Support

The internet provides an exciting opportunity for future infant and child public health work (Sarkadi and Bremberg 2005, 43)

More than 80% of adults in the UK use the internet daily and 70% of adults access the internet over a smart phone; almost 90% of households in the UK have internet access (Office for National Statistics 2016)⁷. While in general it is understood that groups in higher socioeconomic groups are more likely to go online, this was not the case in research in Sweden, where 68% of those accessing an online parenting support platform were at or below the national average wage level (Sarkadi and Bremberg 2005). Even as long ago as 2008, authors described their target group of low income mothers in the US as “technologically savvy, experienced with computers, and connected to the Internet.” (Feil, Baggett et al. 2008, 336). Online support may be of particular importance to those who are isolated and marginalised (Love, Sanders et al. 2016). In a survey of parents attending antenatal classes in 2011, over 90% of parents reported having used the internet for information related to pregnancy, and it was rated as the second most trustworthy means of finding information (after talking to medical personnel) (Lima-Pereira, Bermúdez-Tamayo et al. 2012).

⁷ These figures, however, show *access*, not use, and not capability of people to use these devices for more complex tasks, such as accessing support online or posting to web based fora.

There is a distinction to be made in terms of online parenting support. There is what might be called static support, which holds information which might be of use to parents, such as the NHS Start for Life programme which offers parents information both on its site and in emails (NHS 2017), or the BBC Parenting pages (BBC 2014). There is also interactive support, which allows parents to interact either with other experts, such as pay-for-service sites (Prestoexperts ndg), or what is known as “telemedicine”, which links patients and professionals through video means (Feil, Baggett et al. 2008)), or with other parents, such as NetMums or MumsNet, to mention two of the best known (Cullen, Cullen et al. 2016). MumsNet receives over 1.75 million hits per day, on topics related in some way to parenting and family life (Trafficestimate 2017). The first group provides information, which is important and useful, but the second provide support in the form of communication and discussion (Stevens 2014, Goodall 2016), as well as information. It should be noted, however, that such is the desire of parents for information and support from other parents, that discussions about parenting can arise in a myriad of places; for example, the site Ravelry, which is ostensibly devoted to the fibre arts (knitting, etc.) holds over 100 interactive forum groups devoted to parenting in one form or another (Ravelry 2017). In Sarkadi’s research, parents accessing an online forum reported that they felt they had received a high level of support from other parents, which they valued more than information from those considered to be experts (Sarkadi and Bremberg 2005).⁸

A further distinction may be made between formal support, such as that provided by the NHS, and arguably third sector organisations such as the School Home Support Service, Barnardo’s, Childline, etc., and informal support, which generally consists of parents talking with other parents, such as NetMums and MumsNet.

Online support can be very useful in circumventing some of the issues raised around parenting support, notably those in relation to stigma (as many sites will allow users to either forgo names altogether or allow participants to choose pseudonyms, and there is no outward, obvious sign of participation)⁹, an element of these programmes which has been valued by participating parents in a trial of an online version of the Triple P programme (Love, Sanders et al. 2016); transport (as none is needed) (Moore, Drey et al. 2017); and child care (Eisner and Meidert 2011). In addition, it has been found that single mothers who were experiencing isolation were likely to spend time online (Feil, Baggett et al. 2008). These sites may be useful in supporting parental self-efficacy, and providing social support as needed.

Attendance at physical parenting groups can make demands on parents (see section on Recruitment and Retention) (Stevens 2014); it is possible that digital presentation, particularly of static information, could be useful in this regard. It is worth noting that Moran et al include the creation of “social networks” among the outcome categories for support programmes, as they see these being able to support parents in relation to isolation or toward accessing other support or networks (Moran, Ghate et al. 2004). (See also: National Childbirth Trust 2016) Online provision may offer an alternative to face to face programme delivery in some instances.

⁸ Many of these interactive means of support, such as online fora, are asynchronous, meaning that there is a time lag between questions, answers and responses. This means that while they can and clearly do perform a useful function for parents, they will not replace synchronous support, such as helplines.

⁹ It is worth noting, however, that research has found that even in for a allowing pseudonyms, there are norms around what are considered to be appropriate feelings about motherhood, and discussions of feelings deemed to be non-appropriate may be shut down or treated negatively. Pedersen, S. and D. Lupton (2016). “What are you feeling right now?’communities of maternal feeling on Mumsnet.” *Emotion, Space and Society*.

As many adults access the internet through smartphones (Office for National Statistics 2016), it will be important that any programmes provided online are optimised for viewing through such devices.

3.5. Recruitment and Retention¹⁰

Perhaps surprisingly, there is little research around effective means of recruitment of parents to parenting programmes, and still less around recruitment of parents to universal offers of the same (Wells, Sarkadi et al. 2016). Yet this is an area which requires further thought, as many parents (of school age children, at least) seem to interpret general invitations to events as not being applicable to them as individuals (Halsey 2005).

Some research suggests that different strategies – even different titles for programmes – may be more successful with mothers and fathers (Wells, Sarkadi et al. 2016). It is also worth noting that a universal offer need not be founded on a universal advertisement; Wells et al suggest that highlighting different aspects of a programme might attract different parents, due to their differing interests. And in the same way that schools and settings are urged to ensure that displays reflect both fathers and mothers (Goodall 2017), Wells et al suggest that advertising materials reflect the targeted population (Wells, Sarkadi et al. 2016). For a universal offer, this might mean having a series of displays or representations of the work; it would certainly mean moving beyond having simply white, two parent, apparently middle class participants shown on materials (though should not exclude them entirely). Research does report reasonable success rates (over 60% of eligible children in a sample) for universal programmes when advertised to parents through a mix of media, (posters, leaflets) professional and personal referrals (Zubrick, Ward et al. 2005). It has also been suggested that in cases of universal offers, the strength of local neighbourhood networks may be a factor in recruitment (Eisner and Meidert 2011) (although this needs to be balanced against comments elsewhere in this paper about parental isolation). While some studies have found that single parents are less likely to attend programmes (particularly in the US), others outside of the US have found that this is not a determinant of recruitment (Eisner and Meidert 2011).

Moran et al list five types of factors that can influence the effective implementation of programmes for parents: practical ones, relational, cultural (Eisner and Meidert 2011) and contextual, strategic and structural (Moran, Ghate et al. 2004). They also point out that staff in programmes need not be representative of the target population but that there are times when it is important to have staff who are able to speak parents' languages and identify with them culturally (C4EO 2010, Barlow, Bergman et al. 2016).

4. Costs of programmes

*There is strong evidence that effective early intervention will be cost saving
(Stevens 2014, 11)*

There is good evidence that funding put into parenting support, particularly in the early years of children's lives, is money well spent (Allen 2011, C4EO 2012)¹¹. These programmes can help prevent antisocial behaviour in adolescents and adults (as children age); there are high costs associated with these behaviours, such as those which come from crime, mental health issues and family breakdown (Stevens 2014). For example, the Family Nurse Practitioner programme in the US is considered to produce savings (in terms of costs not undertaken) of up to five times the cost of the programme

¹⁰ It is of course worth noting that recruitment to and attendance at a programme does not necessarily result in changes in behaviour Eisner, M. and U. Meidert (2011). "Stages of parental engagement in a universal parent training program." The journal of primary prevention 32(2): 83-93.

¹¹ Moullin et al provide a helpful chart with elements and costs of some programmes Moullin, S., J. Waldfogel and E. Washbrook (2014). "Baby Bonds: Parenting, Attachment and a Secure Base for Children." Sutton Trust.

itself (Allen 2011). There are gaps in the evidence (Stevens 2014) but enough information exists to support the claim about the value of parental support programmes. In discussing costs it is necessary to distinguish between (at least) two types of costs – those to the wider society, and those to the state (Moran, Ghate et al. 2004). To this, I would add further categories of cost: to providers of services (who may be arms of the state but may also be independent of it, such as charities and faith groups) and to the parents themselves, who may face travel and childcare costs (monetary) and other costs, such as surviving the stigma surrounding some parenting services.

Scott et al point out that the cost of supporting children facing conduct issues through to adulthood is 10 times the cost of the provision for children without such disorders (Scott, Knapp et al. 2001). As an example, a report suggests that the Triple P programme could avert 25% of cases of conduct disorder, saying @ £19.5 million¹², suggesting that the programme could pay for itself (over the life time of the children involved) if just 7% of these cases were averted (Stevens 2014). In another example, the My Baby's Brain project cost approximately £55 per family in its first year, yet showed improvements in parental self-confidence and self-esteem (C4EO 2012)

As has been pointed out above, support for parents can be broadly seen under the two headings of either preventative or protective. In general, we know more about the costs associated with preventative work than around protective (Moran, Ghate et al. 2004). In both cases, caution must be used in relation to cost analysis, as it is of necessity speculative.

It is also necessary to look at the benefits of services for parents. Many of these are covered in other areas of this paper, particularly those which accrue to parents and children. However, it is worth pointing out that poverty tends to be cyclic, as does underachievement (Save the Children 2013), as does poor parenting (Allen 2011); parents tend to act toward their own children in the manner in which they were themselves parented (Moran, Ghate et al. 2004), at times, this is not in the best interest of the new generation, as knowledge about child development is a fast moving field (Allen 2011, C4EO 2012). Since much of the aim of parenting support is to change or augment parental behaviours, it follows that, if successful, there will be a societal, generational benefit from effective parental support.

It is also important to retain a holistic view in relation to costings of parental support; as mentioned throughout, poor outcomes of parenting result from a myriad of influences, not just from parents alone. Costings for parental support must be aligned to costings to reduce parental stress overall, including reducing stress from poverty, unemployment and housing difficulties.

As has been noted above, early intervention seems to be most cost effective (Stevens 2014). Barlow and Blair sum this up by saying, "The benefits of early intervention are significantly higher than those obtained from many other sources of public and private investment" (Barlow and Blair 2012, 2)

Group programmes seem to be more cost effective than individual programmes, (Moran, Ghate et al. 2004); this is particularly the case in relation to general information and social support; there will always be a need for individualised, targeted support for parents and families facing more severe issues. With the ever expanding capabilities provided by the web, there may be substantial savings to be made by placing some resources and even programmes online (Feil, Baggett et al. 2008).

¹² Costs reckoned from \$Aus, at 2002 exchange rates

It is also worth noting that Machin makes the point that many of the interventions which would support fathers to feel more involved in the parenting of their children are relatively simple and of low cost (Machin 2016) (including fathers in promotional material, for example, and in discussions).

5. Characteristics of successful programmes to support parents¹³

“Successful” here should be understood to be success overall, which includes attracting parents to a programme and keeping them, as well as beneficial outcomes for children.

5.1.1. They take an asset, rather than a deficit approach (Riots Communities and Victims Panel 2012)

This means that parents are seen as proactive partners in the lives and learning of their children, rather than as “problems to be fixed”. It will also entail allowing parents to have agency, that is, to be involved in the planning and delivery of programmes, as much as possible. (For a further discussion of parental agency, see (Goodall 2017)). Parents were more likely to continue attending a course, and more importantly, put its ideas into practice, if they felt that the programme they attended was friendly and supportive (Eisner and Meidert 2011).

5.1.2. Programmes need to be suited to the needs of parents and provided in a sensitive manner (Attree 2005).

To do this, they will involve stakeholders, including community members and parents themselves (C4EO 2010, Riots Communities and Victims Panel 2012). Programmes, and programme staff, need to be conscious of the context in which parents find themselves and of any differing cultural views of parenting and childhood (Moran, Ghate et al. 2004). This will include a consciousness of the demands that the programmes themselves make on parents (Stevens 2014), such as transport and arranging child care, and appropriate timing (Eisner and Meidert 2011). Some research has found that parents valued face to face programmes least, and televised support most, in direct contradiction to the offer available to them (Love, Sanders et al. 2016).

5.1.3. Programmes should be based on parental needs (Moran, Ghate et al. 2004)

Parental needs should be considered, as well as official views of what should be provided for parents (Gagnon and Sandall 2007). As an offshoot of this point, successful programmes will use interactive, rather than didactic, styles of presentation; such methods tend to include practical (skill based) information and tips for parents (Moran, Ghate et al. 2004). Programmes should value and include feedback from parents (Moran, Ghate et al. 2004)

5.1.4. They start early. (Allen 2011)

See above about the need for, and value of, early intervention.

¹³ This paper has not produced a list of programmes and their characteristics, due to both time constraints and the fact that such lists already exist, for example in Clarke, B., F. Younas and K. a. Y. T. Family (2017). Helping Parents to Parent. London, Social Mobility Commission., Moran, P., D. Ghate, A. Van Der Merwe and P. r. bureau (2004). What works in parenting support?: a review of the international evidence, Department for Education and Skills London. Also see, Moullin, S., J. Waldfogel and E. Washbrook (2014). "Baby Bonds: Parenting, Attachment and a Secure Base for Children." Sutton Trust. C4EO (2010). Grasping the nettle: Early intervention for children, families and communities; a practice guide to the challenges and opportunities in supporting children, families and communities through early intervention, based on effective, local and international practice. London, C4EO. And Goodall, J. and J. Vorhaus (2011). Review of best practice in parental engagement. London, Department of Education for older children.

5.1.5. They focus on parents' behaviour, as well as attitudes and beliefs (Bakermans-Kranenburg, Van Ijzendoorn et al. 2003, Feil, Baggett et al. 2008).

Programmes which concentrate on parents' skills tend to show more impacts for children's behaviour than other programmes (Moran, Ghate et al. 2004). (See also: Odone 2017) This does not mean that beliefs and attitudes should be neglected; parents may need support to change ideas about parenting (Moran, Ghate et al. 2004) which have been handed down to them.

5.1.6. They include both parents and children.

Family programmes have been shown to be very effective, particularly in supporting well-being (Britto and Engle 2015). The Home Start programme, for example, has been shown to be effective family support, showing increases in school readiness, parental self-esteem, children's behaviour and family well-being (Young 2015).

5.1.7. They use skilled and supported staff

These are staff who are seen as "authoritative" by participants (Moran, Ghate et al. 2004, 79), who are trusted and where possible, local. Matching staff skills to the work seems to be more important than having staff who are representative of the parent population with whom they work (Moran, Ghate et al. 2004). Skilled staff are able to create and continue supportive relationships with parents (C4EO 2010, Moullin, Waldfogel et al. 2014) (However, this point must be seen in connection with the possibilities provided by online support). The leadership of interventions is important (C4EO 2010)

5.1.8. They are part of a range of interlinked services for parents and the wider community.

Children are not influenced only by the way they are parented (Attree 2005, Moullin, Waldfogel et al. 2014). Good links between groups will also support referrals between providers of services, as needed (Moran, Ghate et al. 2004), and allow early identification of those with greater needs. As an example, in 2014, the charity Home Start supported almost 30,000 families in the UK, over 60% of which were referred through health visitors (Home Start 2014), showing how integrated and interrelated services can work well. In another instance, the Stoke Speaks Out initiative utilised combined services to support children's early language development, to good effect for both children's speech and language development and parental knowledge about child rearing practices (although there were still some lacunae in their knowledge) (Stoke Speaks Out 2012). There is also significant scope for the use of volunteers, provided they are properly trained and supported (see: 5, above), as shown through the Home Start Programme (Young 2015). Volunteers, as well as families, seem to benefit from such programmes (Young 2015, National Childbirth Trust 2016, Young and Kernkre 2016). It is possible for state sector and other employees, and volunteers, to work together to good effect for families (Allen 2011).

5.1.9. They offer group based programmes

These programmes can help reduce emotional and behavioural problems¹⁴. For general parenting issues, such as emotional and behavioural adjustment, group programmes seem to be reasonably effective (Barlow, Bergman et al. 2016). Parents may well benefit from the social aspect of such programmes, as well as the information they provide, and they may help to prevent or overcome parental isolation (Moran, Ghate et al. 2004). The Incredible Years programme would be an example

¹⁴ As Moran et al note, however, these programmes are often not supported by large scale random controlled trials Moran, P., D. Ghate, A. Van Der Merwe and P. r. bureau (2004). What works in parenting support?: a review of the international evidence, Department for Education and Skills London.

of such support (Moran, Ghate et al. 2004). Except for parents facing severe issues, group programmes may present the best option for support (Moran, Ghate et al. 2004).

5.1.10. They are underpinned by solid evidence and theory

These programmes have a clear concept of change and the effect and outcomes they wish to achieve (Moran, Ghate et al. 2004). Programmes deemed to be successful will also have demonstrable outcomes for parents and children; it is possible for programmes to leave parents feeling better without having much effect on their parenting practices (Moran, Ghate et al. 2004). There has also been a suggestion that in many instances, good intentions are assumed to lead to good outcomes, without adequate evidential support (Goodall and Barnard 2015). However, even in such cases, if parents are experiencing less stress, the programmes may be deemed successful, considering the value of the reduction of parental stress; it is important not to underestimate (even if it is difficult to measure) the value of parental self-efficacy and feelings of adequacy as parents (Goodall 2017), as low parental self-efficacy can lead parents to use non-optimal parenting styles (Moran, Ghate et al. 2004)

5.1.11. They offer multiple routes into the programme

They are supported by effective advertising and marketing so that parents are aware of what is on offer for them (Moran, Ghate et al. 2004, Cullen, Cullen et al. 2016, Wells, Sarkadi et al. 2016), and how to take up that offer.

5.1.12. They offer information and support in a variety of formats and approaches (Stevens 2014, Britto and Engle 2015).

Simple information, for example on cards or websites, can be effective particularly as preventative measures and for reducing parental stress (Moran, Ghate et al. 2004). Such methods have been used with success in programmes such as My Baby's Brain, in Hertfordshire, which, along with training for professionals, provided simple materials for parents; there were notable increases in parents' self-esteem and confidence in this programme (C4EO 2012); Maternity Champions, using trained volunteers, had much the same effect in raising parental self-confidence (National Childbirth Trust 2016). (In providing such materials, successful programmes will take into account the literacy levels of their target populations – this can be done, for example, by asking participating families to preview and comment on materials (C4EO 2012))¹⁵.

5.1.13. They concentrate on recruitment and retention.

This may require an investment in marketing, including taster sessions and follow up phone calls for targeted families (Moran, Ghate et al. 2004). This may include incentives for parents to attend; such incentives should be relevant and valued by the parents involved (Moran, Ghate et al. 2004). It may be necessary to include separate work to engage fathers, particularly in two parent families (Moran, Ghate et al. 2004); it has been suggested that particularly in relation to online provision, men are likely to look for information while women may seek more interaction with others (Garrett 2010).

Practical issues may need to be addressed, such as: provision of child care facilities, transport if programmes are not home based, good locations which are comfortable, welcoming and non-stigmatising for parents (Moran, Ghate et al. 2004).

¹⁵ According the National Literacy Trust, about 16% of the adult population in the UK is functionally illiterate National Literacy Trust. (2017). "Adult Literacy." Retrieved 26.6.17, from http://www.literacytrust.org.uk/adult_literacy/illiterate_adults_in_england..

6. A basic, universal offer

Any suggestion of a universal, basic offer will need to consider a number of factors, most of which have been raised above: recruitment, retention, value to parents and society, the elements which lead to successful outcomes, and cost. That a universal offer is possible is shown in the provision of a universal offer of antenatal information and education (however, whether or not “universal” can still be applied to this programme may be in doubt (Dabrowski 2011)). It is also worth noting, as mentioned above, that a universal offer need not stand alone, but rather should be part of an integrated suite of support for parents (an example of this can be seen in the three tiers of the Triple P Programme: universal, selective and individual (Sanders, Markie-Dadds et al. 2000)). This section looks not at how such an offer should be delivered (see above for elements of successful programmes) but rather what it should contain.

- Factual information for parents about child development and “good parenting”
- Web resources with further information, particularly around issues which arise in the early years, such as sleep issues, toilet training, attachment – these should be optimised for viewing on smart phones and tablets as well as computers
- Well publicised lists of further resources and support, including not only professional support (GPs, NHS provision) and how the referral system operates, but also links to other forms of support, such as the School Home Support Service, Home Start, and local services such as Maternity Champions, listed above.
- All materials should be developed alongside current and prospective parents from a wide range of backgrounds, with a view to literacy levels and the use of plain English.
- Although it is more ambitious (and therefore more costly), there would be great value in a parallel to antenatal groups for new parents, particularly those dealing with their first child. It might be of value for such programmes to be developed across agencies (e.g. with input from the NHS, the DfE, particularly those responsible for early years) as well as academics and practitioners. Because of the cultural shift needed for universal parenting programmes to become embedded, (C4EO 2010), it may take some time for these programmes to become well used; but that does not detract from their value. The involvement of parents in the design and creation of such an offer would be vital. I would suggest that this offer be flexible rather than restrictive, so that it can be responsive to the needs of individual communities. There would be a need for such an offer to be well advertised. While in an ideal world this offer would be state funded (and considering the eventual savings to the state, this can be justified), the Imagination Library (Ridzi, Sylvia et al. 2014) provides an interesting and useful example of how such large scale, universal offers might be funded through a mixture of charities, local authorities and individuals.

7. Key messages for Policy

Social and family policies have a very strong role in determining parenting practice and family functioning. (Britto and Engle 2015, 169)

- It is important to realise that parents do not parent in isolation; in fact, a good deal of the context in which they raise their children is determined by policy (Moran, Ghate et al. 2004); policy forms part of the larger ecosystem in which families exist (Bronfenbrenner 1979). Although the state is rightly concerned about interference in the home, it must acknowledge that it has an important, a vital role to play in supporting parenting that is effective and supportive of the outcomes desired for children (Goodall 2017).
- Support for parents should remain a high policy priority (Marmot and Bell 2012, O'Donnell, Deaton et al. 2014)
- Concentrate on early years, as early intervention is more cost effective in the long term
- Both universal and targeted services will continue to be required (Britto and Engle 2015)
- A range of interventions will be needed
- Support the training of qualified staff (Britto and Engle 2015)
- Support communication and joint working between different groups of practitioners and agencies, as well as information sharing (Riots Communities and Victims Panel 2012, Britto and Engle 2015)

8. Key messages for research (or, what we don't know yet)

Robust research is needed in relation to:

- The value, outcomes of all kinds of programmes, with long term, longitudinal follow up (this includes antenatal care)
- Both formal and informal support provided particularly by electronic means
- Transfer of programmes from one country to another (Moran, Ghate et al. 2004)
- Recruitment and retention of parents to and with programmes (Moran, Ghate et al. 2004)
- Inclusion of fathers and other partners (Moran, Ghate et al. 2004)
- Optimal length of programmes for best effect. (Moran, Ghate et al. 2004)

10. Appendix A About the literature

The literature in this field is vast, unwieldy and contradictory. For purposes of illustration, the Google Scholar searches for this review (See Appendix A for more information) returned more than 50,000,000 possible sources¹⁶.

Due to the short time span in which this review was undertaken (5 days), the review relies where possible on metanalytical reports and articles. In these cases, the metanalytic report/article is cited.

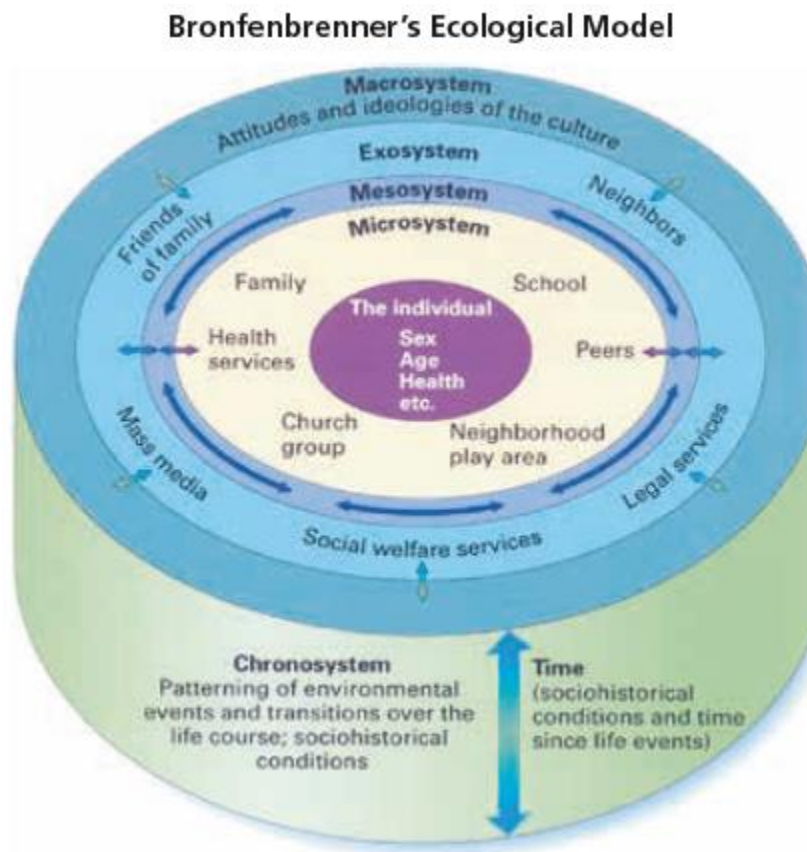
10.1. About the evidence provided in the literature

No attempt has been made in this short review to map programmes against evidence standards, such as those provided by the Early Intervention Foundation (Early Intervention Foundation 2017). In general, parenting support programmes are evaluated by short term (Clarke, Younas et al. 2017), qualitative research. The metaanalyses cited here often make the point that the research in this area does not allow for long term evaluation on this scale; as different projects have used differing measures and means of testing their outcomes. This seems to be particularly the case in relation to universal offers (Clarke, Younas et al. 2017), as it is clearly remarkably difficult, if not impossible to reach the majority of those who could partake of the programmes (and obviously impossible to have a contemporary control group for a universal offer).

Publication bias also has a role to play in the evidence presented here: it is notoriously difficult to publish negative or even equivocal results, so we have little evidence about what does not work, or what does not work very well.

16 Close reading of some of this literature leads to some surprising results. Gagnon and Sandall Gagnon, A. J. and J. Sandall (2007). "Individual or group antenatal education for childbirth or parenthood, or both." The Cochrane Library., for example, highlight the fact that there is little actually known about the effects of antenatal education, yet such programmes are an expected part of provision for parents in many countries.

11. Appendix B: Bronfenbrenner's ecological model of childhood



(As presented in: Barlow and Blair 2012, 3)

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